

by a particle of bone (the vaginal process of the petrous bone) or by an instrument. In such a case there would be paralysis of the palate and of the vocal cord of the corresponding side, as happened in the third case cited. This tends to prove that the facial nerve has nothing to do with the innervation of the soft palate.

The Significance of Swelling of the Cervical Lymph Glands in Middle-ear Suppurations.—STENGER (*Archiv f. Ohrenheilkunde*, Band lxii. pp. 3 to 4) considers the presence of swollen lymph glands in the region of the ear and in the region of the sternocleidomastoid of great practical significance as an aid in determining the necessity of operative interference in cases of middle-ear suppuration. According to Poirier, the glands of importance in this connection are: (1) The mastoid lymph glands, ordinarily two in number, found in children connected by two or three lymph vessels over the place of origin of the sternocleidomastoid. They receive their afferent vessels from the tympanum and the posterior wall of the external auditory canal. Their efferent vessels lead into the upper group of lymph glands beneath the sternocleidomastoid. (2) The upper group of glands beneath the sternocleidomastoid, which extend from the tip of the mastoid process and the posterior belly of the digastric to the point where the omohyoid crosses the great neck vessels. An outer and inner portion of these glands can be distinguished.

In chronic middle-ear suppurations the swelling of any of these glands may be expected. In acute suppuration swelling of these glands is not the rule; but when the mastoid also is affected, one finds, as a rule, painfully swollen glands beneath the mastoid and behind the sternocleidomastoid. This glandular swelling is of especial diagnostic value in cases of acute middle-ear suppuration which run their course without especial symptoms, and in which the long-continued suppuration is the only fact pointing to an involvement of the mastoid cells. The author points out that the glandular swelling in this region may be due to other causes—*e. g.*, diseases of the scalp and tonsillar affections; and that this must always be borne in mind.

DERMATOLOGY.

UNDER THE CHARGE OF

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The Pathology of the Tuberculides in Childhood.—NOBL (*Dermatologische Zeitschrift*, Band xi., Heft 12), among 430 children suffering from various diseases, has seen the papulonecrotic tuberculide thirteen times, and accordingly believes this form of lesion is a by no means infrequent one. The eruption is composed of small nodules, pustulo-

ulcerative and necrotic, usually discrete, but sometimes grouped, having a preference for the extensor surfaces of the extremities, the lumbar region and the buttocks; it corresponds completely with the affection described by Barthelemy under the name *follicitis*. All the children in whom this form of eruption was observed without exception presented other evidences of scrofulotuberculosis, most commonly alterations in the lymphatic glands. In 11 of the 13 cases observed scrofulous gummata and lichen scrofulosorum accompanied the papuloulcerative lesions. Although it was not possible to demonstrate the presence of tubercle bacilli in a single case, their structure resembled that of actual tubercle. Tuberculin injections were regularly followed by elevation of temperature. The local phenomena either affected all the forms of eruption present, or were confined to types of lesion other than the necrotic nodules, so that no very definite conclusions could be drawn from the results.

The author believes that this form of eruption is due to organisms whose vitality has been so greatly weakened that when they arrive in the skin they die after giving rise to formative irritation. So small a quantity of toxins is produced by these weakened organisms that little or no reaction follows injections of tuberculin.

Acne Telangiectodes.—PICK (*Archiv f. Dermatologie und Syphilis*, Band lxxii., Heft 2) reports two cases of the affection which was first described by Kaposi under the name *acne telangiectodes*. Distributed over the scalp, face, upper portion of the chest, on the forearms, hands, and legs were numerous small nodules, part of which in the course of the disease underwent suppuration, part were absorbed. These lesions were most abundant in the face, and upon disappearing left depressed scars like those following acne varioliformis. Through the constant appearance of new lesions the course of the disease was an eminently chronic one, extending over many months. Histologically the lesions were composed of a granulation tissue containing numerous epithelioid and giant cells. Although many of the elements characteristic of tuberculous tissue were present, yet it was not difficult to distinguish it from such tissue. Although many sections were examined for tubercle bacilli none were found. The author's conclusions are as follows: Acne telangiectodes is an affection *sui generis*, and not identical with lupus follicularis disseminatus; but it is identical with the acnitis of Barthelemy, and must be distinguished from the disease known as follicitis. It presents no sort of etiological relationship to tuberculosis, and should be separated from the tuberculomata and the tuberculides. It does not take its origin in the sebaceous glands and, therefore, does not belong to acne. The marked implication of the sweat glands in the inflammatory changes may possibly have some etiological significance.

The Cutaneous Manifestations of Leukæmia and Pseudoleukæmia.—NICOLAU (*Annales de dermatologie et de syphiligraphie*, Nos. 8 and 9, 1904), in a paper of some length, reports the results of a clinical and histological study of two cases of cutaneous leukæmia. The first of these cases was a man with a lymphatic leukæmia pursuing a relatively slow course. In the face, upon the scalp, and in the temporal region were foci of nodules having a marked tendency to ulceration which were